HEALTH CARE QUALITY PERFORMANCE MEASUREMENT

Quality Hospital Care: What Does It Mean?

The Results of Surveys and Focus Groups
With Consumers and Health Professionals
In Rhode Island

Rhode Island
Department of Health

Health Care Quality
Steering Committee

Health Quality Performance Measurement and Reporting

Table of Contents

Comparing Rhode Island to the rest of the country

Summary

Recommendations

Executive Summary

The Rhode Island Department of Health (HEALTH) received a legislative mandate in 1998 to report hospital quality information to consumers in Rhode Island. In preparation for assuming this role, HEALTH commissioned Trainor Associates to study what consumers mean by quality, what kinds of reports they want and how they would use the information. The study investigated similar issues among health care professionals, including physicians and hospital officials, nurses, insurers and the business community. Research methodologies included a literature review, published under separate cover, focus groups, telephone surveys and individual interviews. General research results will be reported and analyzed in this document.

The consumer telephone survey provides some interesting quantitative highlights. Researchers polled 454 Rhode Islanders. 63% of those surveyed rated the quality of hospital care in Rhode Island as "good" or "excellent." Most think hospital quality has stayed the same (38%) compared to those who think it has gotten worse (28%).

Table 1

Consumers rate quality of hospital care in Rhode Island	
Excellent	14%
Good	49%
Fair	25%
Poor	8%
Don't know	5%

Table 2

Has hospital quality stayed the same, improved or gotten worse in the last 5 years?	
Improved	19%
Stayed about the same	38%
Gotten worse	28%
Don't know	16%

Additional consumer survey highlights include the following:

- Most Rhode Islanders (52%) think the quality of care provided by different hospitals in Rhode Island is pretty much the same.
- Most people (63%) think of quality as how well they are treated in a hospital vs. the success of their treatment. The literature review referred to this as the "process" vs. "outcome" dimensions of quality, respectively.
- Only 21% of consumers would switch hospitals after learning about a treatment mishap, but 30% would switch after hearing negative things about personal care in a hospital.
- Consumers appear to distinguish between care that a "hospital provides" and care provided by their physician "in a hospital." 51% say hospital administrators are responsible for the quality of care "that a hospital provides." But few are aware of the quality assurance functions of hospitals. Instead, consumers overwhelmingly indicated that their physician was in charge of their medical care and responsible for the accurate diagnosis and successful treatment in their individual case.

- 84% expressed interest in receiving information on the quality of hospital care.
- Most consumers prefer to have reports published in the newspaper.
- When asked what type of information they would like to see included in a report about quality of care in hospitals, the top three answers were: success rate of treatments; experience of physicians; and patient satisfaction.

Researchers also conducted a statewide nurses telephone survey. They surveyed 158 nurses to gain a nursing perspective on what constitutes quality hospital care. This provides a useful comparison with consumer perspectives. Highlights of the nurses survey included:

- 85% rate the quality of hospital care in Rhode Island as good or fair, with only 7% rating it excellent. (See Table 17 on p. 20)
- 58% of nurses think the quality of care provided by different hospitals in Rhode Island is pretty much the same.
- Where they see differences in quality of care, nurses attribute this to staffing levels, as well as staff training and experience.
- Nurses think new technology and equipment improve the quality of care.
- Most nurses (65%) believe that quality in a hospital means treating patients well and paying attention to personal needs.
- Nurses believe that hospital administrators and nurses are responsible for quality of care in a hospital.
- Nurses think reports on hospital quality should include success rate of treatments; staff training and experience; and patient satisfaction.

In summary, several themes emerged from the population survey, focus groups and individual interviews:

- Consumers and health care professionals view quality from different perspectives. Consumers focus most on the satisfaction dimension. Professionals focus on treatment outcomes.
- Health care professionals are very attuned to consumer expectations, but they perceive that the health care system makes it difficult to respond to consumer

preferences. Bureaucracy and increased paperwork are seen as barriers to spending more time with patients and being more responsive.

- Both physicians and consumers view physicians as the "outcome manager."
- Health care professionals, insurers and employers want both standardized patient satisfaction and quantitative outcome reports.
- Consumers remain unaware of the hospital's methods and procedures to ensure overall quality. Even though consumers say they hold hospitals responsible for the care they provide, for most consumers the hospital-provided care is ancillary to diagnosis and treatment provided by their own personal physician.
- All groups see the roles of physicians, nurses and other health care workers and the hospital as follows: physicians are largely responsible for outcomes; nurses operate in the process dimension; the hospital fulfills structural dimensions of quality (facilities, equipment, ancillary services).

The Health Quality Performance Measurement and Reporting Program (HQPMR) seeks to inform the public on the quality of care provided in facilities in Rhode Island. The results of this research will guide future efforts to gather and report indicators of quality to the public, as required by law. It contributes by asking what consumers think of as quality health care and what kinds of information helps them choose and use health care services. The narrative describes the methodologies, study groups and the results of this research.

Summary of Recommendations

In order to understand the full scope of recommendations please refer to this section beginning on page 27.

The cumulative weight of the literature review, qualitative and quantitative research leads to the following summary recommendations:

- To meet the intent of the HQPMR legislation, it will be necessary for HEALTH to measure both the technical (clinical outcome) and functional (process/patient

satisfaction dimensions) of quality. Both dimensions can be viewed as consumer-relevant measures of quality.

- HEALTH should include a consumer education component to assist consumers in understanding quality outcome measures.

Research Methodology

The Rhode Island Department of Health (HEALTH) must begin reporting health quality data to the public. Consumers, physicians, nurses and other health care professionals, insurers and employers (who pay for coverage for their employees) represent important constituencies for this information and this process. This research began with the knowledge that a product will be more useful and welcome if designed to take into account the preferences and needs of its various consumers.

HEALTH expects that health care quality reporting will have several desired effects:

1. To promote the quality of health care by developing performance measures which allow quality to be evaluated and improved over time.
2. To educate consumers, health care professionals and others on the importance and use of quality measures.

This section describes the research objectives and methodologies employed. The first phase entailed an extensive literature review of hospital quality. The literature review, published under separate cover, provided a foundation for the qualitative and quantitative research.

Summary of literature review

The literature review, titled "Consumer and Provider Views on Key Dimensions of Quality Hospital Care: A Review of the Literature," searched professional health care journals to determine what has already been accomplished in the quest to define quality. It surveyed current thinking on the issue of quality in health care, with emphasis on hospital care.

The review found that quality measurement and management is one of the most important topics in health care today. There are many structured efforts seeking to measure quantifiable or technical components, such as infection, complication and mortality rates. Other efforts seek to improve processes and outcomes, using TQM and

CQI techniques. Additionally, some seek to measure less tangible components of quality, such as patient satisfaction. However, the health care system still lacks a unified process for assessing and measuring the various elements of quality, as defined by different constituencies.

Quality information is important to both consumers and providers. However, the essential elements of quality may be understood in quite different ways and ranked with different priorities. Health professionals focus on objective and technical measures of quality, such as statistical measures of clinical performance. Consumers base quality on less technically complex and more subjective notions, such as overall measures of satisfaction. Both types of quality are important.

The literature points to gaps between physician/health care professional quality measurement and the patients' perception of a satisfying and meaningful experience as a consumer in the health care system. Statistical measurement, i.e. HEDIS, ORYX and other databases, or JCAHO reports may satisfy the professional's quantitative information needs, but often are not relevant or understandable to health care consumers.

The chart (see below and in the literature review, p. 24) shows the overlaps and gaps in attributes of quality as defined by physicians, administrators and consumers.

The literature review concluded that there are many dimensions to the concept of quality. Both technical and functional aspects are legitimate. Quality also has process, structure and outcome elements along which the entire quality dimension is arrayed.

However, the bottom line is that to the consumer, perception is reality. If the consumer's qualitative definition of quality is not addressed, and if efforts to produce quality reports to inform consumers do not include educational support for understanding and using quantitative quality measures, these initiatives may be ineffective.

Overlaps and Gaps in Perceptions of Quality Among Physicians, Administrators and Consumers

Attribute	Physicians	Administrators	Consumers
Tangibles *Appearance,* *Cleanliness*	*	*	*
Reliability *Equal Treatment* *Consistent Treatment* *Billing Accuracy*	*	*	*
Responsiveness *Timely treatment* *Information re Delays*		*	*
Competence *Education,* Credentials CQI	*	*	*
Courtesy *Attitude, Privacy,* *Professionalism*		*	*
Communication *Patient Education* *Interaction* *Time Spent*	*	*	*
Access *Visibility* *Convenience*		*	*
Understanding the Customer *Patient/Physician*	* (understanding the physician)	*understanding the patient	*understanding the patient
Caring *Validation, Empathy* *Compassion* *Consistency*			*
Outcomes *Cure* *Perception of Cure*	*Professional norms (Clinical Benchmarks)	Financial, mission related goals of institution	* (Perception of Cure)
Continuity of Care *Hospital to next level of care/home*			*
Collaboration Teamwork/Synchrony		*	*

Based on the literature reviewed, physicians, administrators and consumers mentioned these attributes. The components of this grid will be validated and elaborated through focus group interviews.

Rhode Island-based research

The literature review suggests that studies of hospital quality to date fail to produce a single, uncomplicated definition of hospital quality that is acceptable to consumers. Additionally, the dimensions of structure, process and outcome each play a role in consumer perception of hospital quality. This complexity makes it difficult to design quantitative research without more information on the Rhode Island consumer.

HEALTH also believed it was important to understand how providers and payers approach quality since these perceptions interact with and shape consumer attitudes. As a result, researchers used qualitative research, to create a multi-audience snapshot of what people think of as hospital quality. The input from the qualitative informed the design of the quantitative research.

Qualitative Research

Qualitative research methods included focus groups and individual, in-depth interviews as described below by audience segment. While consumers provided the major research focus, professional groups formed a basis for comparison and contrast.

Focus Group Research of Consumers

Trainor Associates conducted consumer focus groups in April of 1999. The groups included:

1. Elderly
1. Low income
2. Recent users of hospital services
3. Non-users of hospital services
4. Spanish language group

Trainor Associates defined hospital users as individuals, or parents of minor children, who had either been an inpatient in a hospital, gone to a hospital emergency room or had outpatient surgery in a hospital setting within the past 18 months. Nonusers were defined to include persons without any of these hospital experiences in more than five years. Elderly consumers were defined as aged 65 and over. Low-income consumers were defined as having household income of under $30,000. The Spanish language focus

group consisted of consumers whose first language is Spanish; most of whom did not speak English at all. Some had limited English speaking ability. In all, 53 consumers participated in focus group sessions.

Consumer focus groups were randomly recruited according to the criteria set forth above. Recruitment was conducted by trained recruiters who called consumers listed in Rhode Island telephone directories. They followed a script designed to fill the groups with consumers meeting the stated criteria. The Spanish group was recruited with the assistance of CHISPA, an Hispanic/Latino community service agency located in Providence.

The research objectives and moderator's discussion guide for these groups appear in Appendix A.

Focus Group Research of Physicians

Trainor Associates also conducted two focus groups of physicians. Participants were selected at random from lists supplied by the Rhode Island Medical Society and through random telephone solicitation. All physicians reported an active hospital practice. Group composition represented both teaching and nonteaching hospitals.

Focus Group of Hospital Quality Assurance Managers

Researchers invited all of the hospital quality assurance managers to participate in a focus group. The Hospital Association of Rhode Island supplied the list of candidates. Most hospitals sent representatives.

Focus Group of Chiefs of Patient Care

Researchers invited all of the hospital chiefs of patient care to participate in a focus group. The Hospital Association of Rhode Island supplied the list of candidates. Most hospitals sent representatives.

Individual Interviews of Other Audiences

The research also included in-depth individual interviews. These interviews took place in person or via telephone, depending on circumstances.

Individual interviews drew from:

- Hospital executives
- Business executives
- Health insurance companies—medical executive directors
- State legislators.

These qualitative focus groups provided important clues about what consumers, providers and others think of as quality hospital care. Some of the findings confirmed conclusions already reported in the literature. Many others posed important questions for future research in the population survey.

The research objectives and moderator's discussion guide for all professional audience groups appear in Appendix B.

Quantitative Research

Quantitative research consisted of a both a consumer and registered nurse telephone survey.

Consumer Telephone Survey

Using the information developed from focus groups and in-depth interviews, researchers designed a household telephone survey. Surveyors completed a total of 454 interviews. Respondents were reached by a random digit dialing method and the sample was stratified to ensure balance. Respondents also had to be the person in the household who was either responsible or co-responsible for health care decisions. This sample produces a reliability factor of +/- 4.6% @ midrange at a 95% confidence level. The response rate was 30%. This means that of consumers actually reached by telephone, 30% agreed to participate in the survey. Only 31 respondents (7%) indicated membership in one of the traditional minority groups. Unfortunately, numbers this small do not yield useful analysis by minority status.

Table 3

Consumer survey profile	
Hospital inpatient within the last 18 mos.	15%
Visited hospital emergency room within the last 18 mos.	36%
Had hospital outpatient surgery within the last 18 mos.	16%
Have never been a hospital inpatient	24%
Hospital inpatient stay was more than 5 years ago	40%
Have never been in a hospital emergency room	12%

A copy of the complete telephone survey and frequencies appears in Appendix C.

Telephone Survey of Registered Nurses

The consumer focus groups confirmed that nurses play a key role in the consumer's hospital experience. To capture some of this dynamic, researchers designed a telephone survey for nurses. Using a list of licensed nurses provided by the Rhode Island Department of Health, surveyors drew a random sample and completed a total of 158 interviews. Nurses had to be currently working in either an acute care hospital in Rhode Island, a nursing home or in home health care. This sample produces a reliability factor of +/- 7.6% @ midrange at a confidence level of 95%. The response rate was 43%.

A copy of the complete nurses telephone survey and frequencies appears in Appendix D.

Survey Findings

This section presents highlights of the survey findings with reference to information from focus groups.

Consumers

From the focus groups, we learned that consumers want to be treated well and with respect. They want unimpeded access to care when they need it. They don't want to wait. They want hospitals to take the hassle out of medical care – the paperwork, wait times, communication breakdowns and insurance issues. They have high customer service expectations in addition to wanting high quality technical competency.

Consumers see nurses as primarily responsible for the care they receive in the hospital. They view their physician as the "outcome manager." Consumers indicate virtually no awareness of hospital-based quality assurance processes, or its impact on their care. However, consumers are quick to hold hospitals accountable for the care the hospital provides, which they see as ancillary and supplementary to the diagnostic and treatment services provided by their own doctor.

Trainor Associates used the information gained from probing in the focus groups to explore the central question of quality as consumers perceive it within both the process and outcome dimensions. Researchers wanted to know what consumers mean by hospital quality.

The consumer telephone survey asked, "Some people say that quality in a hospital is measured by how successful their treatment went, while others measure quality by how well they were treated while in a hospital. Which one is closer to your definition of quality – how successful your treatment went or how well you were treated." **In our survey of 454 adults, 63% answered that quality means how well they were treated in the hospital.**

Table 4

Consumers response to definition of hospital quality	
How successful	31%
How well	63%
Don't know	6%

This answer tracks with what we found in the focus groups. Consumers appear to be primarily concerned with process – how well they are treated, how attentive the staff is to their personal needs, if they feel respected and how well the staff communicates with them.

The focus groups uncovered that consumers maintain an underlying sense of trust or confidence in the hospital. Consumers trust that the hospital meets minimum technical standards of quality and provides a properly credentialed and certified staff. Consumers seem to take technical quality as a given, otherwise they believe a hospital could not

operate. One consumer said, "I have to assume the equipment is working properly. I wouldn't know if it was faulty. I have to trust them."

While most hospital consumers measure quality by "how well" they were treated, another sizable group (31%) measure quality by "how successful" their treatment went. The "how successful group focuses on outcomes, and tends to have higher education and income levels than the "how well" group**.** The gap between the two responses is widest at the lowest income and education levels.

Table 5

How consumers measure quality	**Income**					**Education**		Coll Grd or more
	<20k	$20k-$30k	$30k-$50k	$50k-$75k	>$75k	HS grad or less	Coll/Tch	
How successful	24%	30%	34%	23%	**54%**	22%	27%	**43%**
How well	**69%**	61%	64%	72%	41%	**71%**	66%	51%

This finding tracked with the consumer focus groups. Younger and more educated consumers appeared more concerned with diagnosis and physician expertise. Older and lower income consumers expressed concern with being treated well. Minority and lower income focus group participants also reported discrimination in access and treatment.

Responses to the "successful treatment" vs. "well-treated" question were identical for hospital users and nonusers. In fact, hospital use or nonuse did not have a substantial effect on any of the key findings of this study.

Table 6

How consumers measure quality	**Hospital Usage**		
	Last 18 mos.	**>18 mos. <5 yrs.**	**>5 years**
How successful	30%	33%	30%
How well	65%	55%	65%

Researchers asked consumers what a hospital has to do to ensure successful treatment. Fifty-three percent responded that a hospital needs enough caregivers. Proper treatment, accurate diagnosis and up to date equipment followed as important components of successful treatment.

Table 7

Consumers respond to what a hospital has to do in order to ensure successful treatment?	
Adequate staff	53%
Proper treatment	35%
Accurate diagnosis	27%
Up to date equipment	26%
Good communications	20%

Researchers asked what a hospital has to do in order to ensure that a patient is treated well. Forty-six percent of consumers responded that the hospital has to have enough caregivers. Attentive nurses and doctors, and "having my needs addressed" followed as important components of being treated well. (see Table 8 next page)

Table 8

Consumer respond to what a hospital has to do in order to ensure that a patient is treated well?	
Adequate staff	46%
Attentive nurses	40%
Patients well taken care of	40%
Attentive doctors	32%
Having my needs addressed	26%

One concludes that no matter which definition of quality consumers hold to be more relevant (treated well or successful treatment), having enough caregivers is paramount. Clearly and overwhelmingly, hospital consumers, like consumers everywhere, told us they want to be treated well.

One focus group participant described her hospital experience as follows; "I want to come out of the hospital feeling better than when I went in. I may not be cured, but I'd like to feel better." Focus group participants understood that all conditions are not

curable. Nevertheless, they expected to be treated with respect, have all information given to them in an understandable manner, and have enough time with their physician or the emergency physician to get their questions answered.

The focus groups pointed out some differences between hospital users and nonusers. Nonusers, on the one hand, seemed to equate hospital customer service with their experiences in other industries and the retail sector. They expressed high customer service expectations, such as the desire to be treated well by staff and to be taken care of in a professional environment. Users of hospital services, on the other hand, suggest that the experience is not comparable to other industries. Several cited a lack of respect in the treatment they received in the hospital as an example of how hospitals can be different.

All of this is not to say that consumers disregard outcomes. In fact, consumers in the telephone survey viewed success rate as a top concern for hospital quality reports. Consumers want to see which hospitals have the best success rates. They also want to know the experience and credentials of physicians, areas of specialization, and patient satisfaction information from each hospital. (see Table 9 next page)

Table 9

Information consumers would like to see in a report about quality of care in hospitals?	
Success rate of treatment	38%
Experience of staff doctors	31%
Patient satisfaction	27%
Staff experience/credentials/expertise	23%
Areas of specialization	22%

This research indicates that consumers want and will use both outcome quality data and patient satisfaction information. While the majority say it's most important that they, personally, are treated well, they still want aggregate hospital outcome information to see how the hospital is performing overall. They intend to rate hospitals and will probably prefer hospitals that perform well on both satisfaction and outcome ratings. They want to

select the hospital that specializes in their needs and offers the most convenience and personalized attention.

Do consumers see differences in hospital quality?

Information on quality may be less useful if consumers tend to see few differences in quality between hospitals.

The survey asked consumers whether or not there is much difference in the quality of care provided by hospitals in Rhode Island. 52% said they think the quality is pretty much the same. There was no difference in the responses between hospital users and nonusers.

However, one-third said there are differences, and those one-third perceive the differences to be significant. When asked to rate differences in quality among hospitals in Rhode Island, on a scale of 1 to 7, with one being a *little difference* and seven being a *great difference*, 79% scored the difference in quality at level 4 or higher.

The follow up question asked them to state what some of the differences are. Consumers perceive differences in hospital quality based on their own definitions of quality. The next table shows what consumers think creates differences in quality of care, and also breaks it down by consumers who say "successful treatment" and those whose definition of quality is "treated well." (see Table 10 next page)

Table 10

Consumer response to differences in quality of care between hospitals in Rhode Island?	**All respondents**	**Successful treatment**	**Treated well**
Personal attention/care	56%	49%	63%
Staff training/experience	43%	52%	40%
Sufficient staffing	39%	31%	43%
Doctor education/training	32%	37%	30%

Consumers of all income and educational levels value having enough caregivers and receiving personal attention.

Consumers who perceive the most difference among hospitals are the elderly, aged 65 and older. More than 1/3 of the elderly sees a great deal of difference among the hospitals in Rhode Island. Overall, the less affluent and less educated also perceive greater differences in hospital quality compared to other groups.

Table 11

Consumers who see a great deal of difference in quality of hospital care in Rhode Island	**Rate 6 or 7 on a scale of 1-7**
General population	30%
Elderly (65+)	61%
Government insured	65%

How will consumers use quality data?

Trainor Associates wanted to determine whether consumers would evaluate hospitals based on data about quality. First, we examined whether or not consumers think there is much difference between the quality of care provided by hospitals in Rhode Island. 52% responded that the quality is pretty much the same.

In both the focus groups and the telephone survey, consumers said they choose a hospital based on word of mouth and the recommendation of their physician. As a follow up to this question, we asked two probing questions. The first involved a scenario where the patient is scheduled to enter a hospital that has reported recent treatment mishaps. 53% responded that they would not switch their hospital plans; 21% said they would switch.

Table 12

Would you switch hospitals over a reported mishap in treatment?		**Would you switch hospitals if you heard a negative story about the personal care provided?**	
Switch hospitals	21%	Switch hospitals	30%
Keep to plans	53%	Keep to plans	51%
Depends	23%	Depends	18%
Don't know	3%	Don't know	2%

In the second scenario, consumers were told that the hospital has a reputation for poor personal care. In this scenario, 51% said they wouldn't change their plans for hospital admission, but 30% said they would. More people said they would change their plans over poor personal care than over a reported treatment mishap. In both cases, those who said they would change their plans include more of the younger and higher income respondents, perhaps the more mobile groups in terms of choices available to them.

Through the research, we learned that consumers value having enough caregivers and receiving attention to personal needs. They would use quality data to determine which hospitals are providing the best treatment. They would use patient satisfaction data to determine which hospitals consumers think are taking the best care of patients.

Table 13

Level of consumer interest in receiving information about quality of care provided by hospitals in Rhode Island.			**The best way for consumers to receive information on hospital quality.**	
Very interested	46%		Report published in the newspaper	48%
Somewhat interested	38%		Written reports sent in the mail to all households	35%
Somewhat uninterested	7%		Written reports sent upon request	26%
Not interested at all	9%		Internet	22%

Those with higher education want the information available through the newspaper. Those with lower income and education levels prefer to have the information mailed. Forty-one percent of college graduates want the information available on the Internet. Most consumers (88%) also want the information updated frequently, at the very least, annually.

Professionals

Researchers conducted focus groups with physicians, quality assurance managers and chiefs of hospital patient care. One hundred fifty nurses were surveyed by telephone. Hospital CEOs and medical directors of insurance plans participated in individual interviews. Researchers surveyed employer representatives via individual telephone interviews. These data help to describe the context in which consumer evaluations of quality data take place.

Physicians

Physicians view themselves as the "outcome manager" of health care and place the greatest value on the best possible outcome. They acknowledge the hospital role in quality assurance, but feel that outcome is more associated with physician expertise, viewing the hospital primarily as an "office building" in which they practice. Physicians

do not see the physician's role and the hospital's role in ensuring good outcomes as co-equal. One physician said, "Outcomes have to do with the skill of the doctors and hospitals want to take credit for it." The physician's primary concern focuses on outcome and secondarily with process.

Physicians were highly attuned to patient expectations. One physician said, "Patients may get horrendous medical treatment, but perceive they were treated well and be satisfied, or get superb medical care, but not be satisfied." To further illustrate the differing needs and priorities of consumers and physicians, the focus group moderator developed two lists with physicians. The first list described "Reality," from the physician's perspective, and the second column described, "What patients expect/value." (see Table 14 next page)

Table 14

Physicians' comments	
Reality	**What patients expect/value**
Physicians want an efficient, well-thought treatment plan	Comfort
Keep patient informed	A lot of time with the physicians
Proper sequencing of exams	No waiting
No unnecessary tests or prolonged stay	Proper diagnosis and treatment
	Truth; simple, clear communication
	Immediate answers
	Decent, humane treatment
	Someone to blame
	Want to get better with least inconvenience

For comparing quality in hospitals, physicians want outcome measures. They recommended choosing volume data (number of procedures performed), outcome data (adjusted for acuity) and general satisfaction data (basically to satisfy consumers). As

another physician said, "Good medical care should be the focus of quality, the rest is just presentation."

Physicians say that outcome measures serve the interest of both physicians and patients. However they fear what might happen in the reporting process. "I don't want a little old lady watching an evening news report saying Hospital A is the best hospital for hip replacement when she's scheduled at Hospital B. She'll be in tears the next day."

Physicians wondered if patients really care about quality data. They believe patients still ask friends, neighbors and relatives for recommendations and still hold the physician responsible for whatever happens in the hospital.

Outcome measures cited by physicians as acceptable indicators of quality included: success rates; infection rates; volume of procedures; mortality rates with acuity adjustments; staffing ratios; physician credentialing; services available; specialties available. Physicians urged the use of already available national standards and argued strongly for fairness and equity. Lumping large, inner city hospitals with small community hospitals ignores some real differences. "You can't compare Rhode Island Hospital with a smaller community hospital. The caseloads of an inner city hospital with HIV patients and severe trauma make it difficult to compare any hospital with Rhode Island."

Physicians also speculated that consumers would not understand most outcome data. They advocated for an educational component to the process that would help ordinary patients to understand and use outcome information.

Nurses

Nurses play a distinct and key role in the delivery of quality hospital services. Consumers relate strongly to nurses as primary caregivers in hospitals. To better understand this dynamic, researchers undertook a statewide nurses telephone survey with 158 nurses responding. The response rate was 43%.

Table 15

Practice settings of nurses the survey	
Acute care hospital	69%
Nursing home	17%
Home health care	16%

Most nurse respondents tended to be experienced, higher educated, full-time and hospital-based. About one-third worked in non-hospital settings.

Table 16

Profile of nurse respondents		**Number of years of active practice**	
Nursing diploma program	25%	Less than 2 years	3%
Associate degree program	41%	2 – 5 years	13%
Bachelors degree program	34%	6 – 10 years	13%
Full-time nurses	56%	11 – 20 years	31%
Part-time nurses	44%	Over 20 years	39%

Trainor Associates asked nurses a series of questions rating quality of hospital care in Rhode Island, as well as differences in care between hospitals. Most nurses rated hospital care in Rhode Island as good (43%). However, a large proportion (42%) said it was only fair. Only 7% of nurses rated the quality of care as excellent. Most (58%) also said the quality of care between hospitals was pretty much the same. (see Tables 17 & 18 next page)

Table 17

Nurses rate the quality of care provided by hospitals in Rhode Island.	
Excellent	7%
Good	43%
Fair	42%

Table 18

Nurses rate the difference in the quality of care provided by hospitals in Rhode Island.	
Difference	33%
Same	58%

Nurses said that differences in quality of care pertained primarily to issues of staffing, training and experience. These concerns mirrored the consumer research.

Additionally, nurses were asked about the quality of care over time. Most (78%) said it had "gotten worse;" the rest said it had improved or stayed the same.

Table 19

What nurses think has happened to quality of hospital care over the past 5 years.	
Improved	7%
Stayed about the same	11%
Gotten worse	78%
Don't know	4%

Researchers asked nurses if they measure quality by successful outcomes or by attention to personal needs of patients. Most responded that quality means how well patients are treated. Again, this mirrored the consumer responses very closely.

Table 20

How nurses measure quality.	
How successful	25%
How well	65%

Many nurses say that hospital administrators are responsible for the quality of care that a hospital provides, along with nurses and doctors. They also assign strong roles to nurses.

Table 21

Who's responsible for quality	
Hospital administrators	44%
Nurses	40%
Doctors	18%

Quality Assurance Managers

Hospital QA administrators focus on the process and ensuring that protocols are in place to meet national standards. They believe that a good process will lead to good outcomes,

although acknowledging that sometimes you can do everything right and still not have a good outcome. One QA manager said, "The best possible outcome is to meet the patient's expectations."

QA managers also believe that rising customer service expectations unfolded because consumers assume at least minimal technical quality standards in hospitals. Consumers focus more on the customer service aspects of care. This focus group urged the Department of Health to undertake consumer education about technical and functional quality as part of the reporting process.

Chiefs of Patient Care

Chiefs of Patient Care in hospitals began their careers as bedside nurses. While outcome remains the most important indicator of quality care, they are torn by patient satisfaction issues. As nurses, the training for Patient Care Chiefs centered both on caring for patients and ensuring successful outcomes. To them the process is integral to the outcome. When the focus group was asked about the most important dimension of quality, the group split evenly between outcome and patient satisfaction.

This group is very attuned to patient expectations. They mirrored consumer desire for honest and understandable communication. They also understand the consumer's desire to be comfortable throughout the process. "Patients want to be pain free. They don't mind dying, as long as they die pain free," said one participant.

Hospital CEOs

Six hospital CEOs gave interviews for this project. CEOs uniformly favor quality reporting and would like to ensure that it is more than just patient satisfaction data. They want the public to become informed about the role hospitals play in the quality process. By this they mean managing physicians, managing the delivery of care and seeing that systems and processes are in place to ensure quality outcomes. They regard the hospital's role as inextricably woven into the process of quality health care, and they want to the public to become aware of this.

They encouraged using available information and not trying to duplicate or develop specific Rhode Island indicators. They would like to find ways to adjust for acuity and level

the playing field. They favor a campaign to educate consumers. Just as physicians expressed concern about how the media would report data, hospital CEOs wondered how the quality process would play out over the next several years.

Health Plan Medical Directors

Five medial administrators representing the State's largest health plans were interviewed for this research. Four are medical directors and the fifth is the executive director.

This group favors hospital quality data reporting and would like to see uniform hospital patient satisfaction data reported also. They suggest using existing data, perhaps for national standards, and choosing measures with a high degree of reliability. The health plans have been reporting quality data for a number of years. They feel it is possible for the hospitals to agree on measures and definitions. Quality reporting will assist hospitals to improve quality by providing benchmarks for yearly comparisons. Several medical directors suggested using audits to ensure quality data and accurate reporting.

Health plans discussed consumer unfamiliarity with quality data. They noted that this process needs a strong consumer education component, but it should not be a barrier to collecting and reporting this information. "It's better to have to explain the measures than not to have any information out there at all."

Health plan officials suggested several kinds of performance measures: infection rates; surgical outcomes; volume for selected procedures; ER wait times; physician credentials; post-operative infections. In general, they agree the data should be limited to a few meaningful indicators to which the public could become acclimated. Emergency room wait times and accessibility issues are hot topics among health plan members. Health plans also voiced concern over the media handling of quality data.

Employers

Researchers completed telephone interviews with five compensation and benefits managers for large employers in Rhode Island. Their mantra was quality and access at a reasonable cost. For employers, elements of hospital quality included: outcomes; wait times; staffing – credentials and adequacy; technology; accessibility.

All five employers perceived differences in quality among hospitals in Rhode Island. However, these perceived differences have little bearing on their health care purchasing decisions, since all the health plans currently offer access to all hospitals with no selective contracting. Cost remains their primary concern.

Employers would use hospital quality data in a variety of ways. Some would simply pass information on to employees. Others would use the information in contract negotiations to make sure the service network included the top rated hospitals. Employers would like to receive information annually via Internet or on disk. They prefer easy to read graphs and charts -- not large printed volumes of information.

Legislators

State legislators' feedback and concerns are driven primarily by constituent issues and comments. They are equally concerned with good process and good outcome. They are in favor of reporting clinical quality that is measurable (and to which the hospitals are held accountable) and patient satisfaction measures. They would like to see the use of national quality benchmarks for comparison with community level quality measurement. While legislators favor quality and satisfaction reporting, they are concerned about how much choice really exists for consumers regarding hospital selection.

How Rhode Island compares to the rest of the country

In 1996-97, the American Hospital Association (AHA) conducted consumer focus groups in 12 states (n=300) on the topic of hospital quality and health care. (Eye on Patients: A Report from the American Hospital Association and the Picker Institute, 1996) For the sake of comparison, Trainor Associates chose some key indicators from the Rhode Island focus group data to compare to themes that emerged nationally. Some of their opinions agreed with those of the Rhode Islanders who participated in the HEALTH focus groups and some did not.

The AHA focus groups generally felt that health care quality in American has declined over the past few years. Twenty-eight percent of Rhode Islanders share that opinion but most do not. Nationally, consumers expressed concern with access. In

Rhode Island, we heard the same concern, especially from low income and minority participants.

The AHA participants seemed more cynical in their view of health care, the quality of care and the motivations of hospital administrators and insurance companies. Locally, while consumers acknowledged the influence of insurance companies and the business aspects of medicine, they still believe the quality of care to be good to excellent.

Both local and national focus group participants identify strongly with the nurse the key caregiver in the hospital setting. They worry about having enough caregivers to meet patient needs.

The AHA study identified eight dimensions of care to be especially critical to consumers. Here is a comparison of AHA and Rhode Island focus group dimensions.

Table 22

AHA focus groups	**Rhode Island focus groups**
Access	Access
Respect	Respect
Coordination	Accurate diagnosis
Information, communication, education	Information, communication, education
Physical comfort	Physical comfort
Emotional support	Attention to personal needs
Involvement of family and friends	Efficiency
Transition and continuity	Follow-up care

Without knowing it, the Rhode Island focus groups echoed what their peers around the country were saying about what is most important to them about hospital and health care. From a consumer's viewpoint, these dimensions of care are critical components of quality. This analysis supports the assertion that consumers want both patient satisfaction information as well as quality outcome data.

Summary

The research sought to determine what consumers and others mean by quality hospital care. It found that among consumers, quality is strongly process oriented, with an emphasis

on the functional aspects of hospital care and on being treated well. Consumers want patient satisfaction information to help them compare and contrast hospitals. For consumers, the hospital experience largely rests on patient satisfaction issues..

Currently, consumers would not know how to use outcome quality data to make decisions. The hospital's role is not understood nor is the data itself. Consumers typically assume the "sick role," giving authority to physicians and other providers to make health care decisions for them. They also rely heavily on their physicians for guidance and on word of mouth recommendations. Strong consumer education will ensure greater understanding of quality data and encourage its use, along with patient satisfaction information.

For physicians and nurse administrators, quality is primarily outcome focused. Bedside nurses say quality is about process and treating the patient well during their hospital stay. Hospital CEOs focus on internal quality assurance and quality improvements.

This research began with several questions: Are technical quality and functional quality mutually exclusive? Even if resources are limited, can you produce high technical quality and still maintain high functional quality and patient satisfaction?

Physicians, nurses and other health care professionals answered that question affirmatively, while some of the consumers in the focus groups seemed less sure. 63% of the consumers rated the quality of hospital care as good or excellent. However, one consumer said, "They should all add the word compassion to their vocabulary." Further research is needed to fully understand how they truly feel about the "caring" component, as opposed to the "technical" component of quality care.

The graph on the next page depicts one way to draw technical and functional quality. However, we submit that they do not work at opposites, but rather work in tandem. It is possible to have high technical quality and high functional quality. The best hospitals, those with the highest ratings, will score well on both dimensions. And these will be the hospitals most sought after by consumers as they weigh their health care choices.

There are two areas of medicine where customer service expectations have driven practitioners to raise the level of functional quality and fully embrace consumer expectations. These two areas are obstetrics and hospice care. The graph on the next page depicts this scenario.

Both obstetrics and hospice care focus on the patient "experience", making the patient as comfortable as possible and tailoring the experience reflect the expectations and values of the patient and family. All this is done without sacrificing technical quality.

In light of the research findings, this analysis leads us to conclude that hospital quality reporting must measure both technical quality and patient satisfaction data. Consumers will base their decisions on a combination of these factors. The hospitals that score well on both outcomes and patient satisfaction will become the hospitals of choice for consumers.

Recommendations

The cumulative weight of our literature review, qualitative research and quantitative research provides a credible basis for development of recommendations to HEALTH.

These recommendations are:

1. To meet the intent of the HQPMRP legislation, it will be necessary for HEALTH to measure both the technical (clinical outcome) and functional (process/patient satisfaction dimensions) of quality. Both dimensions can be viewed as consumer-relevant measures of quality.

2. HEALTH should follow the President's Consumer Protection recommendations regarding quality in the health care industry. Specifically, the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry recommends the following:
    - Conduct consumer education on how quality is defined by health care experts.
    - Develop information to meet the needs of consumers
    - Produce and disseminate the information regularly.
    - Provide consumer information and assistance programs
    - Follow up on how consumers are understanding and using the information
    - Track usage and value of the information with different educational, cultural, socioeconomic and health status populations.

3. HEALTH should sustain its efforts to develop meaningful clinical outcome measurement criteria, working in partnership with providers and insurers.

4. HEALTH should begin the development of uniform hospital patient satisfaction measures, working in partnership with hospitals and insurers. In so doing, it should endeavor to use, to the extent possible, existing programs and processes already in place at the provider level.

5. HEALTH should respond appropriately to gaps in consumer understanding of clinical outcome measures. This should involve partnerships with providers, allied professional organizations, insurers and consumer groups and should have as its outcome the design of a public education effort on this topic.

6. HEALTH should also work to educate the news media about the intent of hospital quality reporting to ensure that the media has the context and perspective necessary for accurate and fair reporting on this topic.

7. HEALTH should encourage hospitals and physicians to educate the public about their interactions and collaboration regarding the development of quality management systems and processes within hospitals.

8. HEALTH should report quality measures to the public not less than annually. Newspapers appear a preferred means of distribution. Consideration of other distribution vehicles, including the Internet and other media should be made carefully.

9. HEALTH should facilitate greater involvement by the nursing profession in the hospital quality process. Nurses are viewed by the consumer as an important contributor to the quality dimension. Nurses have informed opinions about the quality process and environment within hospitals and provide a unique and valuable point of view.

10. HEALTH should, as part of its efforts around quality, seek to bring all audiences together on an annual basis for review and discussion of the quality issues that have been identified through the measurement reporting process. In so doing, HEALTH can facilitate development of quality improvement initiatives and partner with hospitals to gather and respond to consumers needs/wants in meaningful ways.

Appendix A

Statement of Research Objectives

Consumer Focus Groups

Rhode Island Department of Health—Hospital Quality Research

A total of five consumer focus groups will be conducted within the above-referenced research effort.

The five groups, each comprised of 8-10 people, will be segmented as follows:

1. Users of hospital care within the last 12 months
2. Non-users of hospital care (in the past 5 years)
3. Elderly (over age 65)
4. Low income
5. Spanish language speakers

Objectives

1. Elicit unaided perceptions re: components of quality in the hospital experience, or expectations thereof
2. Ascertain how consumers separate clinical vs., non-clinical dimensions of quality
3. Ascertain how recipients distinguish between process, structure and outcome dimensions of quality

4. Ascertain sources of information regarding any aspect of quality that consumers consider to be credible

5. Ascertain how and how frequently consumers want to be apprised of quality information.

Moderator's Discussion Guide
RIDH—Quality Research Project--Consumer Focus Groups

1) Baseline Questionnaire: As they arrive, participants will be asked to complete a baseline questionnaire that collects certain demographic and sociographic data. The questionnaire is Attachment 1

2) Introduction and Orientation: Moderator welcomes participants, introduces himself, presents schedule, provides disclosures re: viewing room and videotaping, describes nature of focus group research and asks each participant to introduce himself/herself to the group

3) Objective 1: *Elicit unaided perceptions re: components of quality in the hospital experience, or expectations thereof*

Discussion Question: ***When you think of the concept: "quality hospital care", I'd like to know the thoughts and ideas that come to your mind***

- Roundtable discussion
- Group Exercise: Develop a running list of components of quality
- Group Exercise: Collapse the list down to top three items
- Individual Exercise: Complete list (Attachment 2) allowing individuals to rank top five components of quality

4) Objective 2: *Ascertain how consumers separate clinical vs., non-clinical dimensions of quality*

Discussion Question: ***When speaking of quality, we mean things that have to do with both the medical--or clinical—aspects of hospital care, and with those things that are not medical. I'd like to hear how each of you makes this distinction and your perceptions on the importance of each***

- Roundtable discussion
- Group Exercise: Return to complete list of quality aspects from prior question and have group categorize by clinical/non-clinical
- Probe Point: Probe for hierarchy of perceived importance of clinical/non-clinical
- Individual Exercise (Attachment 3) Ask each person to write which dimension is most important, and why.

5) Objective 3:*Ascertain how recipients distinguish between process, structure and outcome dimensions of quality*

Discussion Question: ***It seems to me that our discussion on quality thus far indicates that quality can be about who/how care is provided, or secondly, the processes and equipment used, or, thirdly, in the outcome of the care. I would like to explore your thoughts on these aspects***

- Flip Chart Exercise: Process, Structure, Outcome and other
- Probe Point: Probe for hierarchy of perceived importance
- Individual Exercise (Attachment 4) to rank importance of process, structure, outcome and other dimensions

6) Objective 4: *Ascertain sources of information regarding any aspect of quality that consumers consider being credible*

Discussion Question: ***When it comes to learning about the quality of care one might receive in a hospital, there are many potential sources for such information. I am interested in your thoughts on what these sources might be.***

- Roundtable discussion
- Group exercise: develop list of sources
- Group exercise; Collapse list to top 3

- Individual Exercise: (Attachment 5) Individuals rank top 5

7) Objective 5: *Ascertain how and how frequently consumers want to be apprised of quality information*

Discussion Question: ***By which means and how frequently would you want to be able to receive quality information in order to consider yourself adequately informed about hospital quality?***

- Roundtable discussion
- Group exercise: develop list of sources
- Individual Exercise: (Attachment 6)

RIDH Consumer Focus Groups—Attachment 1

Baseline Questionnaire

Age _____

Town of residence _____

Own home or rent _____

Number of dependents _____

Employment status/type of employment

_____

Level of education—12th Grade, some college, College degree, postgraduate

_____

HH Income _____ _____ _____ _____

under 30K 30-50K 50-75K 75K and above

Do you have a regular doctor?

_____ _____

Yes No

Health Insurance_____ _____

Yes No

Attachment 2: RIDH Consumer Focus Groups

Top Five Components of Hospital Quality

Based upon the discussion we have just completed, please rank your choices for the five most important aspects of hospital quality, with one being most important and 5 least important.

1)

2)

3)

4)

5)

Attachment 3: RIDH Consumer Focus Groups

Based on the discussion our group just completed, please list the elements of clinical and non-clinical quality that are of the most importance to you.

Clinical Quality

1)

2)

3)

4)

5)

Non-Clinical

1)

2)

3)

4)

5)

Attachment 4: RIDH Consumer Focus Groups

Attributes Of Quality in A Hospital Experience

Instructions: Each of the nine phrases below describes an aspect of the hospital experience. Please review the entire list, and then prioritize them from 1-9, with 1 being the most important aspect to you personally, and nine being the least important.

- My physician was able to spend time to explain my condition and treatment to me.
- I experienced no complications after my discharge
- My hospital room was clean and pleasant
- The nursing staff was kind and caring
- An accurate diagnosis of my condition was made
- When I needed help from doctors, nurses or staff, it came promptly

- I was able to understand the bill for services
- The condition I was hospitalized for was taken care of

1. I believe the equipment at the hospital was modern

Attachment 5: RIDH Consumer Focus Groups

Sources of Information About Hospital Quality

Given the components of quality you identified in the previous exercises, where would you go to find information about hospital quality. Please indicate, in your opinion, the top 5 sources of information about hospital quality.

1)

2)

3)

4)

5)

Attachment 6: RIDH Consumer Focus Groups

Receiving Information About Hospital Quality

Please indicate how frequently you would like to receive information about hospital quality

1) **Annually** _____
2) **Twice a year** _____
3) **No preference** _____

4) Other _____

Please list the top three ways you would like to receive such information, based upon our discussion.

1)

2)

3)

Appendix B

Statement of Research Objectives

Professional Focus Groups

Rhode Island Department of Health—Hospital Quality Research

Three professional research groups will be conducted.

1. Hospital quality assurance managers
2. Vice Presidents of Patient Care
3. Physicians

Objectives

1. Elicit unaided perceptions re: components of quality in the hospital experience, from their professional perspective.

2. Ascertain what they think is important to communicate to consumers about the components of quality.

3. Ascertain how professionals/caregivers separate clinical vs., non-clinical dimensions of quality.

4. Ascertain how professionals distinguish between process, structure and outcome dimensions of quality.

5. Ascertain sources of information, which from their professional perspective, they consider to be reliable sources of information about hospital quality.

6. Ascertain how, and how frequently, they think hospital quality information should be reported to consumers.

Moderator's Discussion Guide
RIDH—Quality Research Project--Professional Focus Groups

1. Baseline Questionnaire: As they arrive, participants will be asked to complete a baseline questionnaire that collects certain demographic and institutional data. The questionnaire is Attachment 1

2. Introduction and Orientation: Moderator welcomes participants, introduces himself, presents schedule, provides disclosures re: viewing room and videotaping, describes nature of focus group research and asks each participant to introduce himself/herself to the group

3. Objective 1: *Elicit unaided perceptions re: components of quality in the hospital experience, from their professional perspective:*

Discussion Question: ***When you think of the concept: "quality hospital care", I'd like to know the thoughts and ideas that come to your mind***

- Roundtable discussion
- Group Exercise: Develop a running list of components of quality
- Group Exercise: Collapse the list down to top three items
- Individual Exercise: Complete list (Attachment 2) allowing individuals to rank top five components of quality

4) **Objective 2:** *Ascertain what they think is important to communicate to consumers about the components of hospital quality.*

- Group Exercise: Develop a list of quality components they think patients value
- Group Exercise: Collapse the list down to top three items
- Individual Exercise: Complete list (Attachment 3) allowing individuals to rank top five quality components to communicate to consumers

5) Objective 3: *Ascertain how professionals/caregivers separate clinical vs., non-clinical dimensions of quality*

Discussion Question: ***When speaking of quality, we mean things that have to do with both the medical--or clinical—aspects of hospital care, and with those things that are not medical. I'd like to hear how each of you makes this distinction and your perceptions on the importance of each***

- Roundtable discussion
- Group Exercise: Return to complete list of quality aspects from prior question and have group categorize by clinical/non-clinical

- Probe Point: Probe for hierarchy of perceived importance of clinical/non-clinical
- Individual Exercise (Attachment 4) Ask each person to write which dimension is most important, and why.

6) Objective 4:*Ascertain how professionals distinguish between process, structure and outcome dimensions of quality*

Discussion Question: ***It seems to me that our discussion on quality thus far indicates that quality can be about who/how care is provided, or secondly, the processes and equipment used, or, thirdly, in the outcome of the care. I would like to explore your thoughts on these aspects***

- Flip Chart Exercise: Process, Structure, Outcome
- Probe Point: Probe for hierarchy of perceived importance
- Individual Exercise (Attachment 5) to rank importance of process, structure, outcome and other dimensions

7) Objective 5: *Ascertain sources of information, which from their professional perspective, they consider to be reliable sources of information about hospital quality.*

Discussion Question: ***When it comes to learning about the quality of care one might receive in a hospital, there are many potential sources for such information. I am interested in your thoughts on what these sources might be.***

- Roundtable discussion
- Group exercise: develop list of sources
- Group exercise; Collapse list to top 3

- Individual Exercise: (Attachment 6) Individuals rank top 5

8) Objective 6: *Ascertain how and how frequently they think hospital quality information should be reported to consumers.*

Discussion Question: ***By which means and how frequently do you think hospital quality information should be reported to consumers.***

- Roundtable discussion
- Group exercise: develop list of sources
- Individual Exercise: (Attachment 7)

RIDH Professional Focus Groups—Attachment 1

Baseline Questionnaire

Years in health care _____

Hospital _____

Position/title _____

In two or three sentences, please describe your primary job function:

Attachment 2: RIDH Professional Focus Groups

Top Five Components of Hospital Quality

Based upon the discussion we have just completed, please rank your choices for the five most important aspects of hospital quality, with one being most important and 5 least important.

1)

2)

3)

4)

5)

Attachment 3: RIDH Professional Focus Groups

<u>Most important components of hospital quality to communicate to consumers</u>

Based on the discussion our group just completed, please list the most important components of hospital quality to communicate to consumers.

1)

2)

3)

4)

5)

Attachment 4: RIDH Professional Focus Groups

Based on the discussion our group just completed, please list the elements of clinical and non-clinical quality that are of the most importance to you.

Clinical Quality

1)

2)

3)

4)

5)

Non-Clinical

1)

2)

3)

4)

5)

Attachment 5: RIDH Professional Focus Groups

Attributes Of Quality in A Hospital Experience

Instructions: Each of the nine phrases below describes an aspect of the hospital experience. Please review the entire list, and then prioritize them from 1-9, with 1 being the most important aspect to you personally, and nine being the least important.

- My physician was able to spend time to explain my condition and treatment to me.
- I experienced no complications after my discharge
- My hospital room was clean and pleasant
- The nursing staff was kind and caring

- An accurate diagnosis of my condition was made
- When I needed help from doctors, nurses or staff, it came promptly
- I was able to understand the bill for services
- The condition I was hospitalized for was taken care of
- I believe the equipment at the hospital was modern

Attachment 6: RIDH Professional Focus Groups

Sources of Information About Hospital Quality

Given the components of quality you identified in the previous exercises, where do you think would be the best place for consumers to find information about hospital quality. Please indicate, in your opinion, the top 5 sources of information about hospital quality.

1)

2)

3)

4)

5)

Attachment 7: RIDH Professional Focus Groups

Receiving Information About Hospital Quality

Please indicate how frequently you think hospital quality information should be reported to consumers.

1. **Annually** _____
2. **Twice a year** _____
3. **No preference** _____
4. **Other**_____

Please list the top three ways you think this information should be communicated.

1)

2)

3)

Appendix C

ABOUT THE STUDY

The Quality of Hospital Care Consumer Study was conducted by Alpha Research Associates of Providence, Rhode Island for the Rhode Island Department of Health and Trainor Associates of Providence, Rhode Island.

The survey was conducted by telephone between June 7 - 21, 1999 among a stratified sample of 454 adult Rhode Islanders. The survey instrument used in the study was developed by Alpha Research in collaboration with the RIDOH and Trainor Associates.

The sample of telephone numbers used in the study was developed by Kopel Research Group of Sharon, Massachusetts. The sample was composed of telephone numbers that were developed using random digit dialing.

The maximum margin of error for the survey is +/- 4.6% at the mid-range of the 95% confidence level. What this means is that in 95 out of every 100 cases, the results of the survey will differ by no more than 4.6 percentage points in either direction from what would have been achieved had every adult Rhode Islander been interviewed.

Certain columns of percentages contained in the results of the survey as well as cross tabular tables might not add up to 100% due either to rounding or the permissibility of multiple responses to certain questions.

All cross tabular tables were developed using column percentages and should be read top-to-bottom.

SUMMARY OF FINDINGS

DEFINING QUALITY

Nearly two out of every three respondents define quality care in a hospital setting as *how well they were treated* compared to a third of respondents who said quality was defined by *how successful their treatment went.* Men were slightly more apt to cite *successful treatment* than were women but the major divergence of opinion occurred along socio-economic lines. Those with household incomes above $75,000 a year were more likely to say *successful treatment* (54%) and 43% of those who were college educated or better said *successful treatment*.

In addition, 43% of those respondents who live in suburban or rural communities said that *successful treatment* was more important to them than how well they were treated. In contrast, 75% of those who live in urban communities said that *how well they were treated* was more important to them.

Despite the differences in opinion that respondents had in defining quality in a hospital setting both groups were remarkably close in defining what makes for either *successful treatment* or *being treated well*. Each group pointed to issues centering on staff as key to fulfilling their ambitions for quality hospital treatment. Among those who said successful treatment, 53% cited *adequate staff* as key while only 26% said *up-to-date equipment*. In contrast, 46% of the well treated group cited *adequate staff* but 40% said *attentive nurses*, 32% said *attentive doctors* and 40% said patients' needs well taken care of. The following is a breakdown of volunteered responses for each group.

Successful Treatment	
Adequate Staff	53%
Treatment	35%
Diagnosis	27%
Up-to-date Equipment	26%
Efficiency	23%
Good Communication	20%
Having My Needs Addressed	18%
Not Home to Soon	15%
Aftercare/Follow-up	12%
Consistency of Care	10%

Well Treated	
Adequate Staff	46%
Attentive Nurses	40%
Patients Well Taken Care Of	40%
Attentive Doctors	32%
Having Needs Addressed	26%
Good Communications	16%
Efficiency	16%
Comfort	13%
Cleanliness of Facility	12%
Not Waiting	12%
Good Food	4%

Overall, respondents rated the quality of care of hospitals in Rhode Island as good. One in seven (14%) said the quality of care was *excellent* while almost half (49%) said it was *good*. One in four (25%) said that care was fair and only 8% rate the quality of care as poor. Women were more likely to say care was excellent or good (67%) than were men (58%) and those over the age of 51 were more likely to give higher excellent/good marks (69%) than were those between the age of 18 - 51 (56%). And the more recently a respondent had used a hospital, the higher excellent/good marks they gave in judging the quality of care of hospitals in Rhode Island.

Only 19% of all respondents believe that the quality of care provided by hospitals in Rhode Island has *improved* in the last five years while 28% believe it has *gotten worse*. A third (38%) say the quality of care has stayed about the same.

When respondents were asked if they thought there is much difference between the quality of care provided by hospitals in Rhode Island, a slight majority (52%) said it was pretty much the same while a third thought there was a difference. Among those who believe there is a difference, a substantial majority (79%) perceived that difference to range from moderate to significant.

Not surprisingly, given the results produced by the *successful treatment - treated well* question, respondents who felt there was a difference in the quality of care in cited staffing issues most frequently. The following table highlights those volunteered responses:

Differences between Hospitals	
Personal Attention and Care	56%
Staff Training/Experience	43%
Sufficient Staffing	39%
Doctor Education/Training	32%
Equipment	16%
Areas of Specialization	14%
Emergency Room Waits	14%
Budget Cuts	9%
Cost of Services	7%
Food	2%

When respondents were asked how much difference they thought there was between hospitals in Rhode Island and the broad-based services they offered, the greatest distinction that was made was in emergency room care. On a scale of 1 to 7 with one being not much difference at all and 7 being a great deal of difference, indeed; the mean (average) score was 3.8 and the median score was 4. When it came to in-patient care, the mean score was 3.4 and the median was 3. Surgical out-patient care received a mean score of 2.9 and had a median score of 2. It is interesting to note that emergency room services had the smallest don't know score of 26%, followed by in-patient care which 33% of respondents could not rate. Surgical out-patient care had the highest don't know with more than half of respondents (54%) giving this response.

The greatest distinction that respondents feel exist between emergency room service is *waiting time* with 68% volunteering this response. *Personal care* (33%) and *short staffing* (23%) was most often cited as the difference between in-patient care. Out-patient care was far more diffuse. *Personal care* (21%), *waiting periods* (16%), *staff shortages* (12%) and *staff experience* (12%) were most often cited.

When respondents were asked who they thought, overall, was responsible for the quality of care a hospital provides, 51% said hospital administrators, 25% said doctors and 18% said nurses. A hospital's board received only 8% of responses and government received 5%. Among the 9% of respondents who answers fell into the *Other* category, the most oft given were insurance companies and, interestingly, *Lifespan*.

Finally, despite the fact that only 14% of respondents judge the quality of care in Rhode Island hospitals as being excellent, 33% said that the quality of care they or a minor child received when they last visited a hospital in Rhode Island was excellent. Another 25% rated the care they received as above average while 24% said it was average and only 10% said it was below average or poor. Those who used an emergency room for their last visit gave slightly lower marks (54% excellent/above average) than did those whose last visit was either as an in-patient (68%) or as a surgical out-patient (65%).

Women rated their last visit higher than men as did respondents over the age of 65. It is interesting to note that the more recent the use of a hospital, the higher respondents rated their experience.

CONFIDENCE IN QUALITY

When respondents were asked whether they lose confidence in a hospital if they read about mishaps in treatment in the newspaper, less than half (40%) said they did while 56% said they *don't get worked up about it*. Younger respondents (18 - 51) were more likely to say they would lose confidence as were those respondents who believe the quality of care in hospitals has gotten worse in the last five years (51%). A slight plurality of those with household incomes above $75,000 said they would lose confidence.

Despite the fact that 40% of respondents said they would lose confidence in a hospital is they read about mishaps in treatment, only 21% of respondents said they switch to another hospital if they were scheduled to be an in-patient. A majority, 53%, said they would keep to their plans. Almost one in four (23%) said it would *depend*. Lower income and less educated respondents said they were more likely to switch

In contrast to mishaps in treatment, respondent appear to be much more sensitive to a hospital's reputation for personal care that patients receive. When respondents were asked whether or not they would lose confidence in a hospital if they read or heard that the personal care patients receive at a particular hospital wasn't very good, 48% said they would lose confidence while 50% said they *wouldn't get to worked up about it*.

As with treatment mishaps, younger respondents were more likely to lose confidence than were older respondents but unlike *treatment mishaps*, higher income respondents said they were more likely to lose confidence. Also, those with higher levels of education were more likely to say they would lose confidence. And among those who say there is a difference between hospitals, 65% said they would lose confidence.

When respondents were asked if they would switch hospitals if they heard negative things about the way that hospital delivers personal care, 30% of respondents said they would while 51% said they would keep to their plans and 18% said it would *depend*. If one compares treatment mishap confidence losers with switching rates and personal care confidence losers with switchers, those who would switch, a higher percentage of personal care confidence losers would switch (63%) compared to their treatment counterparts (53%).

It is interesting to note that those at the lowest and highest income spectrums were more likely to switch hospitals over personal care issues than were those in the middle income ranges.

INFORMATION ON QUALITY

Word of mouth and physicians are predominant sources of information that respondents rely upon for getting objective information about the quality of care at any particular hospital. Government agencies scored less than 5% and the advice of nurses would be sought out by only 8% of respondents. A growing source might be the Internet although few respondents identified any specific site they would seek out on the Internet.

When respondents were asked how informed they thought they were about the overall quality of care at hospitals in their area, 26% thought they were not very well informed and an equal number (26%) thought they were very well informed. The remaining 47% felt they were moderately well informed. Women thought themselves more informed than did men, and those between the ages of 18 - 35 had the least confidence in their being informed.

Almost half of the respondents surveyed (46%) said they would be *very interested* in receiving information about the quality of care of hospitals in Rhode Island while another 38% said they would be *somewhat interested*. Only 16% said they were not interested.

Interest in receiving information on the quality of care at hospitals varied little among demographic groups. All showed equal interest. Indeed, the only group that showed a statistically significant diminished interest were those individuals who thought that the quality of hospitals in Rhode Island was about the same.

Opinion on how information on quality care should be made available to citizens was divergent. A third of respondents (35%) preferred having written reports sent in the mail to everyone. For almost half (48%), reports published in the newspaper would suffice. One in four respondents thought that reports should be made available through the mail but only upon request. And 22% suggested the Internet.

A majority of South County (54%) and Kent County (62%) residents favored reports in the newspaper. Not surprisingly, as income rose, Internet popularity rose as well with more than a third of those with household incomes above $50,000 a year.

No clear consensus was achieved on how often reports should be sent although 97% thought they should be done at least yearly. A third of respondents preferred to see reports every three months while another third would be satisfied with reports being available every six months. One in four thought every year would be fine.

The following types of information to be contained in a hospital quality of care report was suggested by respondents:

Quality of Care Content	
Success Rate of Treatment	38%
Experience of Staff Doctors	31%
Patient Satisfaction	27%
Knowledge of Staff	23%
Areas of Specialization	22%
Education of Doctors	18%
Number of Mal-practice Suits	9%
Mortality Rates	7%
Cleanliness	6%
Programs Offered	5%

It is interesting to note that other than treatment success rate which can vary depending on what type of hospital is being measured, staff experience, knowledge and education are most often cited by respondents.

ALPHA RESEARCH ASSOCIATES n=454

PROJECT #99155 **+/- 4.6% @ mid-range**

June 7 - 21, 1999 **95% confidence level**

Hello, my name is_____ of Alpha Research, the public opinion firm. We're conducting a survey in Rhode Island on health care issues and we'd like to ask you some brief questions. It won't take very long, your answers will remain strictly confidential and we're definitely not trying to sell you anything.

First....

A. Are you a Rhode Island resident?

1. Yes **CONTINUE**
2. No **ASK FOR A RI RESIDENT**

B. Are you 18 years of age or older?

1. Yes **CONTINUE**

2. No **ASK FOR SOMEONE OLDER**

C. Do you or does any member of your household work for …….

1. A Hospital **END SURVEY**
2. A Market Research Company **END SURVEY**

D. Which of the following age groups are you in? (CODE RESPONSE)

1.	18 – 24	6%
2.	25 – 35	15%
3.	36 – 51	31%
4.	52 – 64	20%
5.	65 and over	28%
6.	Refused	0%

E. And when was the last time you or your minor child were a patient in an emergency room in a hospital in Rhode Island? Would you say…

(CODE RESPONSE)

1.	In the last 18 months	36%
2.	In the last 5 years	23%
3.	More than 5 years ago	29%
4.	Never	12%
5.	Don't Know	0%
6.	Refused	0%

F. When was the last time you or your minor child stayed over-night in a hospital in Rhode Island as an in-patient? Would you say…

(CODE RESPONSE)

1.	In the last 18 months	15%
2.	In the last 5 years	21%
3.	More than 5 years ago	40%
4.	Never	24%
5.	Don't Know	0%
6.	Refused	0%

G. And when was the last time you or your minor child had same day surgery in a hospital in Rhode Island as a surgical out-patient? Would you say…

(CODE RESPONSE)

1.	In the last 18 months	16%
2.	In the last 5 years	17%
3.	More than 5 years ago	21%
4.	Never	45%
5.	Don't Know	0%
6.	Refused	0%

Q1. Overall, how would rate the quality of health care in the United States. Would you say excellent, good, fair or poor?

1.	Excellent	9%
2.	Good	47%
3.	Fair	26%
4.	Poor	9%
5.	Don't Know	9%
6.	Refused	0%

Q2. Overall, how would rate the quality of health care in Rhode Island. Would you say excellent, good, fair or poor?

1.	Excellent	12%
2.	Good	50%
3.	Fair	26%
4.	Poor	10%
5.	Don't Know	2%
6.	Refused	0%

Q3. And <u>overall</u>, how would you rate the quality of care provided by <u>hospitals</u> in Rhode Island. Would you say excellent, good, fair or poor?

1.	Excellent	14%
2.	Good	49%
3.	Fair	25%
4.	Poor	8%
5.	Don't Know	5%
6.	Refused	0%

Q3A. Do you think the quality of care provided by hospitals in Rhode Island has improved, stayed about the same or gotten worse in the last 5 years?

1.	Improved	19%
2.	Stayed About the Same	38%
3.	Gotten Worse	28%
4.	Don't Know	16%
5.	Refused	0%

Q4. Do you think there is much difference between the quality of care provided by hospitals in Rhode Island or do you think the quality of care is pretty much the same at most of the hospitals in Rhode Island?

1.	Difference	Continue	32%
2.	Same	**GO TO Q7**	52%
3.	Don't Know	**GO TO Q7**	16%
4.	Refused/NR	**GO TO Q7**	0%

Q5. And on a scale of 1 to 7 with one being *a little difference* and 7 being *a great deal of difference, indeed*; how much difference, overall, would you say there is in the quality of care among hospitals in Rhode Island?

1	2	3	4	5	6	7	8 DK	9 RF
1%	1%	16%	21%	28%	16%	14%	1%	0%

Q6. Can you tell me what some of those differences in the quality of care are between hospitals in Rhode Island? (VERBATIMS)

Sufficient Staffing	**39%**
Doctor Education/Training	**32%**
Personal Attention/Care	**56%**
Cost of Service	4%
Budget Cuts	7%
Equipment	16%
Food	2%
Staff Training/Experience	**43%**
Area of Specialization	14%
ER Wait	14%
Other	9%
Don't Know	4%
NR/Refused	0%

I'm going to read to you certain services provided by hospitals. After each, please tell me on a scale of 1 to 7 with one being not much difference at all an seven being a great deal of difference, indeed; how much difference you think there is between hospitals in Rhode Island that provide this service. First….

Q7. The quality of emergency room care

1	2	3	4	5	6	7	8 DK	9 RF
11%	16%	7%	9%	16%	6%	9%	26%	0%

ASK Q8 ONLY IF SHADED RESPONSE GIVEN.
SKIP TO Q9 IF UNSHADED ANSWER GIVEN

Q8. Can you tell me what some of the differences are in quality between emergency rooms? (VERBATIMS)

Waiting Time	**68%**
Short Staff	**18%**
Over Crowded	15%
Experience of Doctor's	**17%**
Experience of Staff	**18%**
Attitude of Staff/Doctors	14%
Waiting Room Comfort	6%
Atmosphere	4%
Equipment	7%
Trauma Center	7%
Other	9%
Don't Know	7%
NR/Refused	0%

Q9. The Quality of In-patient Care

1	2	3	4	5	6	7	8 DK	9 RF
13%	16%	6%	10%	8%	7%	5%	33%	0%

ASK Q10 ONLY IF SHADED RESPONSE GIVEN.
SKIP TO Q11 IF UNSHADED ANSWER GIVEN

Q10. Can you tell me what some of the differences are in quality between in-patient care in hospitals? (VERBATIMS)

Short Staff	**23%**

Equipment	2%
Too Many Interns	4%
Nurses	5%
Personal Care	**33%**
Quality of Doctor's	11%
Training/Non-Training	1%
Home To Soon	2%
Other	12%
Don't Know	7%
NR/Refused	0%

Q11. The quality of surgical out-patient care

1	2	3	4	5	6	7	8 DK	9 RF
11%	16%	4%	3%	5%	3%	3%	54%	0%

ASK Q12 ONLY IF SHADED RESPONSE GIVEN.
SKIP TO Q13 IF UNSHADED ANSWER GIVEN

Q12. Can you tell me what some of the differences are in quality between surgical out-patient care in hospitals? (VERBATIMS)

Staff Shortage	12%
Staff Experience	12%
Scheduling Appointments	2%
Waiting Periods	16%
Equipment	2%
Personable Care	**21%**
Other	15%
Don't Know	**19%**
NR/Refused	0%

Q13. Some people say that quality in a hospital is measured by <u>how</u> <u>successful</u> their treatment went while others measure quality by <u>how well</u> they were treated while in a hospital. Which one is closer to your definition of quality – how

successful your treatment went or how well you were treated while undergoing treatment.

1.	How successful	CONTINUE	31%
2.	How well	**GO TO Q15**	63%
3.	Don't Know	**GO TO Q16**	6%
4.	Refused/NR	**GO TO Q16**	1%

Q14. What are some of the things that a hospital has to do or have in order to insure successful treatments of patients? (VERBATIMS)

Diagnosis	**27%**
Treatment	***35%***
Efficiency	23%
Up to date equipment	**26%**
Consistency of care	10%
Collaboration	2%
Adequate Staff	**53%**
Aftercare/ Follow-up	12%
Good Communications	20%
Having my needs addressed	18%
Not Home to Soon	15%
Other	13%
Don't Know	5%
NR/Refused	0%

GO TO Q16 AFTER ANSWERING Q14.

Q15. What are some of the things that a hospital has to do or have in order to insure that a patient is treated well? (VERBATIMS)

Be Efficient	16%
Patients well taken care of	**40%**

Good Communications	16%
Having my needs addressed	26%
Not waiting	12%
Less or no paperwork	1%
Cleanliness	12%
Comfort	13%
Amenities	2%
Good Food	4%
Adequate Staff	**46%**
Attentive nurses	**40%**
Attentive Doctors	**32%**
Other	15%
Don't Know	8%
NR/Refuse	0%

Q16. Overall, who do you think is responsible for the quality of care that a hospital provides? (VERBATIMS)

Doctors	**25%**
Nurses	18%
Trustee/Board Members	8%
Hospital Administrators	**51%**
Government	5%
Other	9%
Don't Know	8%
NR/Refused	0%

Q17. Sometimes you read in the newspaper stories about mishaps in treatment at hospitals. When you read these stories does it cause you to lose confidence in that hospital or do you think these things happen at all hospitals and you shouldn't get to worked up about it?

1.	Lose Confidence	40%
2.	Don't Get Worked Up	56%
3.	Don't know	3%
4.	Refused/NR	0%

Q18. And imagine that you were scheduled to be an in-patient at the hospital that you just read a story about in the newspaper, would you switch to another hospital or would you keep to your plans?

1.	Switch Hospitals	21%
2.	Keep to Plans	53%
3.	Depends _____	23%
4.	Don't know	3%
5.	Refused/NR	0%

Q19. Sometimes you read or hear that the personal care that patients receive in a hospital isn't very good. When you read or hear these stories does it cause you to lose confidence in that hospital or do you think these things are said about all hospitals and you shouldn't get to worked up about it?

1.	Lose Confidence	48%
2.	Don't Get Worked Up	50%
3.	Don't know	2%
4.	Refused/NR	0%

Q20. And imagine that you were scheduled to be an in-patient at that hospital that you just read a negative story or heard negative things about its personal care, would you switch to another hospital or would you keep to your plans?

1.	Switch Hospitals	30%
2.	Keep to Plans	51%
3.	Depends _____	18%
4.	Don't know	2%
5.	Refused/NR	0%

Q21. If you wanted to get some objective information about the quality of care at a hospital, where would you go for that information? (CODE ALL MENTIONED)

(DON'T READ LIST)

01.	Government	1%
02.	Word of mouth	40%
03.	Doctor(s)	30%
04.	Newspaper(s)	1%
05.	Nurses	8%
06.	Accreditation group(s)	5%
07.	Insurance Company	2%
08.	Senior Groups	2%
09.	Other _____	19%
10.	Don't Know	14%
11.	NR/Refused	0%

Q22. On a scale of 1 to 7 with one being not very informed at all and seven being very informed, indeed; how well informed would you say you are about the overall quality of care at hospitals in your area?

1	2	3	4	5	6	7	8 DK	9 RF
6%	9%	11%	20%	27%	13%	13%	1%	0%

Q22A. How interested would you say you are in receiving information on the quality of care that hospitals in Rhode Island provide? Would you say very interested, somewhat interested, somewhat uninterested or not interested at all?

1.	Very Interested	46%
2.	Somewhat Interested	38%
3.	Somewhat Uninterested	7%
4.	Not Interested at All	9%
5.	Don't Know	0%
6.	NR/Refused	0%

Q23. If information was available to citizens about the quality of care at hospitals in Rhode Island, which of the following would be the best way for it to be provided to you? Would you say… (CODE ALL AGREED TO.)

1.	Written reports sent in the mail to everyone	35%
2.	Reports published in the newspaper	48%
3.	Reports sent in the mail upon request	26%
4.	Through the Internet	22%
5.	Other _____	4%
6.	Don't Know	3%
7.	NR/Refused	1%

Q24. How often do you think information on the quality of care at hospitals in your area should be provided? Would you say….

1.	Every three months	31%
2.	Every six months	33%
3.	Every year	24%
4.	Every few years	3%
5.	Or What _____	5%
6.	Don't Know	3%
7.	NR/Refused	1%

Q25. And what type of information would you like to see included in a report about the quality of care in hospitals in your area.(VERBATIMS)

Mortality Rates	7%
Areas of Specialization	**22%**
Success rate of treatment	**38%**
Relapse Rate	1%
Patient Satisfaction	**27%**
How knowledgeable the staff	**23%**
Experience of staff doctors	**31%**
Education of doctors	18%
Teaching versus non-teaching	1%
For profit versus non-profit	0%
Cleanliness	6%
Mal-Practice Suits	9%
Salaries of hospital administrators	1%
Programs Offered	5%
Anecdotes	1%
Other	18%
Don't Know	18%

NR/Refused 1%

Q26. How would you rate the quality of care you or your minor child received at a hospital in Rhode Island, the last time you used one for medical treatment? Would you say excellent, above average, average, below average or poor?

1.	Excellent	33%
2.	Above Average	25%
3.	Average	24%
4.	Below Average	5%
5.	Poor	5%
6.	Don't Know	5%
7.	NR/Refused	3%

Q27. And what was the purpose of you or your minor child's last use of a hospital in Rhode Island? Was it for emergency care, in-patient care or surgical out-patient care?

1.	Emergency	42%
2.	In-patient	31%
3.	Surgical Out-patient	21%
4.	Refused/NR	6%

Q28. What is the highest level of education you have attained?

1.	Less than HS Grad	8%
2.	HS Grad	34%
3.	Some Coll/Tech Sch.	22%
4.	College Grad	21%
5.	Post College Studies	15%
6.	Refused	1%

Q29. Do you have a regular doctor that you call on when you need medical attention?

1.	Yes	88%
2.	No	12%

Q30. In what city or town do you live?

Urban 22% Prov. Metro 41%

Semi-Urban	41%	South County	14%
Suburb/Rural	37%	East Bay	13%
Kent	17%	Valley & North	15%

Q31. Aside from being an American, how would you describe your ethnic or racial background. For instance, would you say you're Italian-American, Irish- American, English or Scottish American, African- American, Hispanic or what?

01.	Irish	19%
02.	Italian	19%
03.	French	11%
04.	Portuguese	9%
05.	English/Scottish	10%
06.	Jewish	2%
07.	Hispanic/Latino	3%
08.	African American/Black	2%
09.	Asian American	0%
10.	Native American	0%
11.	Cape Verdian	1%
12.	American/Mixed (Ask if there is any heritage they feel closer too.	15%
13.	Other _____	5%

Q32. Do you have children under the age of 18 who live in your household either full or part-time?

1.	Yes	28%
2.	No	72%
3.	NR/Refused	0%

Q33. Are you personally covered by health insurance of any kind?

1.	Yes	CONTINUE	95%
2.	No	**GO TO Q35**	5%
3.	NR/Refused	CONTINUE	0%

Q34. And how would you describe your primary health insurance coverage? Would you say it is provided by your employer, purchased individually by yourself, or is it a government program such as Medicare, RIte Care or Medicaid?

1.	Employer Provided	62%
2.	Individually Purchased	13%
3.	Medicare	21%
4.	RIte Care	2%
5.	Medicaid	2%
6.	Don't Know	0%
7.	NR/Refused	0%

35. How would you describe your yearly household income? For instance, would you say it's ……. (READ LIST)

1.	Less than $20,000 a year	19%
2.	$20 - $30,000	21%
3.	$30 - $50,000	24%
4.	$50 - $75,000	17%
5.	Over $75,000 a year	10%
6.	Don't Know/Refused	9%

Q36. Gender (By Observation)

1.	Male	48%
2.	Female	52%

01.	**Barrington**	**1%**	20.	**Newport**	2%
02.	**Bristol**	**4%**	21.	**North Kingstown**	2%
03.	**Burriville**	**1%**	22.	**North Providence**	2%
04.	**Central Falls**	**1%**	23.	**North Smithfield**	1%
05.	**Charlestown**	**0%**	24.	**Pawtucket**	7%
06.	**Coventry**	**2%**	25.	**Portsmouth**	2%
07.	**Cranston**	**12%**	26.	**Providence**	10%
08.	**Cumberland**	**2%**	27.	**Richmond**	1%
09.	**East Greenwich**	**1%**	28.	**Scituate**	1%
10.	**East Providence**	**7%**	29.	**Smithfield**	2%
11.	**Exeter**	**1%**	30.	**South Kingstown**	3%

12.	**Foster**	**1%**	31.	**Tiverton**	1%
13.	**Glocester**	**1%**	32.	**Warren**	2%
14.	**Hopkinton**	**0%**	33.	**Warwick**	12%
15.	**Jamestown**	**0%**	34.	**Westerly**	4%
16.	**Johnston**	**2%**	35.	**West Greenwich**	1%
17.	**Lincoln**	**2%**	36.	**West Warwick**	1%
18.	**Little Compton**	**0%**	37.	**Woonsocket**	3%
19.	**Middletown**	**1%**	38.	**Other** _____	2%
			39.	**Narragansett**	2%

Appendix D

ABOUT THE STUDY

The Quality of Hospital Care Registered Nurses Study was conducted by Alpha Research Associates of Providence, Rhode Island for the Rhode Island Department of Health and Trainor Associates of Providence, Rhode Island.

The survey was conducted by telephone between July 13 - 15, 1999 among a sample of 158 registered nurses currently licensed in the state of Rhode Island who work in either a Rhode Island acute care hospital facility, a nursing home or a home health center.

The survey instrument used in the study was developed by Alpha Research in collaboration with the RIDOH and Trainor Associates.

The sample of telephone numbers used in the study was provided by the Rhode Island Department of Health utilizing licensing records on file at the department.

The maximum margin of error for the survey is +/- 7.6% at the mid-range of the 95% confidence level. What this means is that in 95 out of every 100 cases, the results of the survey will differ by no more than 7.6 percentage points in either direction from what would have been achieved had every registered nurse meeting the qualifications for the study been interviewed.

Certain columns of percentages contained in the results of the survey as well as cross tabular tables might not add up to 100% due either to rounding or the permissibility of multiple responses to certain questions.

All cross tabular tables were developed using column percentages and should be read top-to-bottom.

SUMMARY OF FINDINGS

The Quality of Hospital Care Registered Nurses Study provided a number of overarching findings on how registered nurses who work in either acute care facilities, nursing homes or for home health centers judge quality patient care in a hospital setting.

DEFINING QUALITY

Nearly two out of every three registered nurses interviewed defined quality care in a hospital setting as *how well a patient was treated* compared to 25% of respondent nurses who defined quality care as *how successful a patient's treatment went*. Remarkably, these findings were almost identical to those achieved when health consumers were interviewed in an earlier study.

How a registered nurse responded to the above definition of quality care was very much determined by how much formal education he or she had. Diploma nurse for instance were much more likely to say how well a patient was treated (80%) versus a nurse with a bachelors degree (52%). This finding too, mirrored that achieved in the consumer survey where respondents with more formal education were more likely to say *how successful their treatment went*, was the best definition of quality care.

When respondent nurses were asked how they thought the general public would answer the hypothetical question about quality care, 75% thought the public would *say how well they were treated* while 18% said *how successful their treatment went*. Clearly, most nurses are well tuned to how a majority of the public defines quality care.

When nurse respondents were asked what some of the things were that a hospital had to have to insure that successful outcomes or attention to personal care, *adequate staff* was the most cited answer in both cases. For successful treatment, 75% said adequate staff. For attention to personal care, 87% said *adequate staff*. Interestingly enough, both numbers were higher than those given by the public, approximately 50% of who cited *adequate staff* to both questions.

Only half the nurses interviewed rated the overall quality of care provided by hospitals in Rhode Island as excellent (7%) or good (43%). Approximately four in ten (42%) said it was fair and 6% said it was poor. These numbers were somewhat lower than those given by the general public, 63% of who said excellent or good. Nurses who actually work in acute care facilities were more apt to rate hospitals higher than were those nurses who did not work in a hospital setting.

Only 7% of nurses interviewed thought that quality care had improved in hospitals in the last five years while 11% said it had stayed about the same. The overwhelming majority (78%) said they thought quality of care had gotten worse.
These findings stand in stark contrast to those provided by the general public, only 28% of whom thought the quality of care in hospitals had gotten worse.

Nurses who have worked in nursing for more than 10 years were more likely to say the quality of care in hospitals had gotten worse (84%) than were nurses with 10 years or less practicing nursing (64%). And nurses who work part-time were more apt to have a negative opinion than were those who worked in nursing full-time.

When nurse respondents were asked if they thought there was much difference between the quality of care provided by hospitals in Rhode Island, 33% said there was a difference while 58% said it was about the same. These findings were quite similar to those provided by the public, 52% of whom thought the quality of care was pretty much the same at all hospitals.

Those nurses who had previous said that hospital care had gotten worse in the past five years were much more likely to say there was no difference between hospitals as were those who thought quality had improved or stayed about the same.

When nurses who said there was a difference were asked what some of those differences were, 65% said *sufficient staffing* while 52% said *staff training/experience*.

Nurse respondents were asked in what areas they thought the quality of care in hospitals had improved in the past five years. Almost half cited improved equipment and technology but 30% there were no improvements they could cite. When asked what ways care had declined, 54% said *lack of staff*, 16% said *patients being sent home to soon*, 15% cited *cutbacks in budgets* and 11% cited *a decline in staff to patient ratios*.

When nurses were asked who they thought, overall, was responsible for the quality of care hospitals provide; 44% said *hospital administrators*, 40% said *nurses*, and 18% said *doctors*. Although both nurses and consumers responded similarly in citing hospital administrators, only 18% of consumers said nurses and 25% said doctors.

INFORMATION ON QUALITY CARE

A majority of the nurses we interviewed gave the public low marks for how informed they thought the average person was about the quality of care provided by local hospitals. A majority (57%) rated the publics knowledge low and only 23% rated it high. In the consumer survey, three-quarters of all respondents rated their knowledge as being moderately or very well informed.

Nurses and consumers were in agreement, though, when it came to sources of information on quality care. Almost half of the nurses interviewed said the public should rely on word-of-mouth (46%). Another 24% said the public should talk to nurses.

Nurses and the public also gave remarkably similar answers to what types of information should be included in a report on quality care in hospitals. In both surveys, success rate of treatment was #1. The following is a consolidated list of what types of information nurses believe should be in the report:

Success rate of treatment	35%
How knowledgeable the staff	34%
Patient Satisfaction	32%
Areas of Specialization	*22%*
Experience of staff doctors	25%
Education of doctors	19%
Programs Offered	14%
Relapse Rate	9%
Teaching versus non-teaching	9%
Cleanliness	9%
Mortality Rates	*6%*
Mal-Practice Suits	3%
Anecdotes	3%
Salaries of hospital administrators	1%

ALPHA RESEARCH ASSOCIATES **n=158**
RN Study **7.6% @ mid-range**
July 13 - 15, 1999 **95% confidence level**

SURVEY # _____

PHONE # _____

Hello, is _____ there?

My name is _____ of Alpha Research, the public opinion firm. We're conducting a survey among licensed registered nurses in Rhode Island on quality care in a hospital setting and we'd like to ask you a few questions. The survey only takes a few minutes, your answers will remain strictly confidential and we're definitely not trying to sell you anything.

First….

A. Are you currently employed in nursing?

IF "**YES**," CONTINUE
IF "**NO**," END SURVEY

B. And in what type of setting or settings do you currently practice nursing?

1.	Acute Care Hospital	69%
2.	Nursing Home	17%
3.	Home Health Care	16%

IF EITHER FULL- OR PART-TIME THE ABOVE, CONTINUE
IF NONE OF THE ABOVE - END SURVEY

C. And is the hospital you work in located in Rhode Island or in another state?

IF "**RHODE ISLAND**," CONTINUE
IF "**OTHER STATE**," END SURVEY

Q1. Overall, how would you rate the quality of heath care in the United States? Would you say it's excellent, good, fair or poor?

1.	Excellent	3%
2.	Good	45%
3.	Fair	44%
4.	Poor	4%
5.	Don't Know	4%
6.	Refused	0%

Q2. Overall, how would rate the quality of health care in Rhode Island. Would you say excellent, good, fair or poor?

1.	Excellent	8%
2.	Good	44%
3.	Fair	43%
4.	Poor	4%
5.	Don't Know	1%
6.	Refused	0%

Q3. And <u>overall</u>, how would you rate the quality of care provided by <u>hospitals</u> in Rhode Island. Would you say excellent, good, fair or poor?

1.	Excellent	7%
2.	Good	43%
3.	Fair	42%
4.	Poor	6%
5.	Don't Know	3%
6.	Refused	0%

Q4. Do you think the quality of care provided by hospitals in Rhode Island has improved, stayed about the same or gotten worse in the last 5 years?

1.	Improved	7%
2.	Stayed About the Same	11%
3.	Gotten Worse	78%
4.	Don't Know	4%
5.	Refused	0%

Q5. Do you think there is much difference between the quality of care provided by hospitals in Rhode Island or do you think the quality of care is pretty much the same at most of the hospitals in Rhode Island?

1.	Difference	Continue	33%
2.	Same	**GO TO Q8**	58%
3.	Don't Know	**GO TO Q8**	9%
4.	Refused/NR	**GO TO Q8**	0%

Q6. And on a scale of 1 to 7 with one being *a little difference* and 7 being *a great deal of difference, indeed*; how much difference, overall, would you say there is in the quality of care among hospitals in Rhode Island?

1	2	3	4	5	6	7	8 DK	9 RF
0%	2%	15%	25%	21%	23%	13%	0%	0%

Q7. Can you tell me what some of those differences in the quality of care are between hospitals in Rhode Island?

Sufficient Staffing	65%
Doctor Education/Training	19%
Personal Attention/Care	25%
Cost of Service	2%
Budget Cuts	17%
Equipment	17%
Food	2%
Staff Training/Experience	52%
Area of Specialization	13%
ER Wait	4%
Other	27%
Don't Know	2%
NR/Refused	0%

Q8. In your opinion, what are some of the ways that the quality of care provided by hospitals to their patients has improved in the last five years or so?

Technology/Equipment 44%

No Improvements	30%
Others	15%
Don't Know	11%

Q9. And in your opinion what are some of the ways that the quality of care provided by hospitals to their patients has declined in the last five years or so?

Lack Of Staff	*54%*
Patients Sent Home Too Soon	*16%*
Budget Cutbacks/Cutbacks	*15%*
Staff to Patient Ratio	*11%*
Mandatory Overtime/Overworked	*9%*
Insurance Company Interference	*8%*
Not Enough Time with Patient	*5%*
Paperwork	*3%*
Other	*5%*
Don't Know	*2%*

Q10. Some people say that quality in a hospital is measured by <u>successful outcomes</u> while others measure quality by the attention to personal needs patients get while being treated in a hospital. Which one is closer to your definition of quality – how successful a patient's treatment went or how well a patient was treated while undergoing treatment?

1.	How successful		25%
2.	How well		65%
3.	Don't Know		9%
4.	Refused/NR		0%

Q11. And if that question was asked of the general public, what do you think they would answer? Would they say that quality in a hospital is measured by how successful their treatment went or how well they were treated while in a hospital?

1.	How successful		18%
2.	How well		75%
3.	Don't Know		7%
4.	Refused/NR		0%

Q12. What are some of the things that a hospital has to do or have in order to insure successful outcomes of treatment?

Diagnosis	6%
Treatment	15%
Efficiency	11%
Up to date equipment	22%
Consistency of care	13%
Collaboration	5%

Adequate Staff	75%
Aftercare/ Follow-up	17%
Good Communications	25%
Having my needs addressed	8%
Not Home to Soon	24%
Other	13%
Don't Know	2%
NR/Refused	1%

Q13. What are some of the things that a hospital has to do or have in order to insure that attention to the personal needs of patients is met?

Be Efficient	4%
Patients well taken care of	25%
Good Communications	18%
Having my needs addressed	8%
Not waiting	3%
Less or no paperwork	5%
Cleanliness	7%
Comfort	4%
Amenities	2%
Good Food	3%
Adequate Staff	87%
Attentive nurses	39%
Attentive Doctors	25%
Other	12%
Don't Know	2%
NR/Refused	0%

Q14. Overall, who do you think is responsible for the quality of care that a hospital provides? (Code All Mentioned)

1.	Doctors	18%
2.	Nurses	40%
3.	Trustee/Board Members	9%
4.	Hospital Administrators	44%
5.	Government	7%
6.	Other	19%
7.	Don't Know	3%
8.	NR/Refused	0%

Q15. If an average person, not a health care professional such as yourself, wanted to get some objective information about the quality of care at a hospital, where do you think they should go for that information? (CODE ALL MENTIONED)

(DON'T READ LIST)

01.	Government	5%
02.	Word of mouth	46%
03.	Doctor(s)	12%
04.	Newspaper(s)	0%
05.	Nurses	24%
06.	Accreditation group(s)	3%
07.	Insurance Company	1%
08.	Senior Groups	0%
09.	Other _____	25%
10.	Don't Know	12%
11.	NR/Refused	0%

Q16. On a scale of 1 to 7 with one being not very informed at all and seven being very informed, indeed; how well informed would you say the average person is about the overall quality of care at hospitals in their area?

1	**2**	**3**	**4**	**5**	**6**	**7**	**8 DK**	**9 RF**
4%	23%	30%	20%	18%	3%	2%	0%	0%

Q17. And if information on the quality of care provided by hospitals was to be developed, what type of information do you think should be included in such a report?

Mortality Rates	*6%*
Areas of Specialization	*22%*
Success rate of treatment	35%
Relapse Rate	9%
Patient Satisfaction	32%
How knowledgeable the staff	34%
Experience of staff doctors	25%
Education of doctors	19%

Teaching versus non-teaching	9%
For profit versus non-profit	0%
Cleanliness	9%
Mal-Practice Suits	3%
Salaries of hospital administrators	1%
Programs Offered	14%
Anecdotes	3%
Other	38%
Don't Know	8%
NR/Refused	0%

FINALLY, FOR STATISTICAL PURPOSES ONLY…..

Q18. In what year did you receive your RN license?

1.	1990-1999	31%
2.	1980-1989	30%
3.	1970-1979	24%
4.	1960-1969	11%
5.	1950-1959	4%

Q19. What is your age?

1.	18-25	0%
2.	26-35	17%
3.	36-40	17%
4.	41-45	19%
5.	46-55	34%
6.	56-64	11%
7.	65 +	2%

Q20. Is your employment in an acute care hospital full- or part-time?

1.	Full -Time	56%
2.	Part -Time	44%

Q21. In what academic setting did you get your training to be an RN? Were you in a nursing diploma program, an associate degree program, or a bachelors degree program?

1.	Nursing Diploma Program	25%
2.	Associate Degree Program	41%
3.	Bachelors Degree Program	34%

Q22. How many years of active practice have you had in nursing? Would you say…

1.	Less than 2 years	3%
2.	2 - 5 years	13%
3.	6 - 10 years	13%
4.	11 - 20 years	31%
5.	Over 20 years	39%
6.	NR/Refused	0%

Q23. Gender (By observation)

1.	Male	5%
2.	Female	95%

Appendix E

Appendix E

Description of Study Groups

Consumer Focus Groups

53 participants

Ages	*18-29*	*30-39*	*40-49*	*50-59*	*60 plus*
	30%	*28%*	*11%*	*17%*	*13%*

Employment Status	*Employed*	*Student*	*Retired*	*Unemployed*	*No. Resp.*
	59%	*8%*	*12%*	*14%*	*8%*

HH Income	Under 30k	30-49k	50-74k	>75k	No. Resp.
	62%	11%	8%	4%	15%

Education	<12th	12th	Some college	College grad.	Postgrad.
	26%	26%	19%	15%	9%

Health Ins.	Yes	No
	81%	19%

Regular Doctor	Yes	No
	69%	31%

Quality Assurance Managers Focus Group

7 participants

Hospitals throughout the state represented

Years in health care
10-2025%
20-30 37.5%
30-40 25%
40-50 12.5%

Chiefs of Patient Care Focus Group

7 participants

Hospitals throughout the state represented

Years in health care
20-30 43%
30-40 30%
40-50 14%

Physicians

20 participants

Hospital affiliations included teaching and nonteaching

Both primary care and specialties represented

Years in Practice	0-9	10-19	20-29	30-39
	57%	36%		7%

Ages	<30	30-39	40-49	50-59	60-69
	7%	36%	50%		7%

Appendix F

Appendix F

Calendar of HQPMR Events - 1999

March

- Project planning
- Literature Review

April

- Consumer Focus Groups
    - General group
    - Non-user group
    - Elderly group
    - Low-income group
- Meetings with:
    - Employer groups
    - Department of Human Services

May

- Individual interviews with:
    - Hospital CEOs
    - HMO Medical Directors
- Professional Focus Groups
    - Physicians (2)
    - Hospital VPs of Patient Care
    - Hospital Quality Assurance Managers

June

- Individual interviews with:
    - Hospital CEOs
    - HMO Medical Directors

    - Employers
- Spanish language focus group
- Consumer telephone survey
- Presentation of the methodology and preliminary research findings to the Hospital Association of Rhode Island
- Presentation of the methodology and preliminary research findings at the National Social Marketing Conference in Orlando, FL

July

- Nurses telephone survey
- Preparation of final report

August

- Final report and presentation complete

September

- Final report presentation